WARRANTY CLAIM FORM

PLEASE SUBMIT CLAIM INTO WARRANTY EXPRESS ELECTRONICALLY OR SUBMIT CLAIM FORM TO YOUR LOCAL DISTRIBUTOR.

| | | P | ress Firmly, Bear Down | | | | |
|--|----------------|--------------|--------------------------------|-------------------------|------------------|--|--|
| IMPORTANT!! | INFORMA | TION REQU | JIRED IN SECTIONS | 1 THROUGH 9 MUS | ST BE FILLED OUT | | |
| COMPLETELY AND ACCURATELY. INCOMPLETE CLAIMS CANNOT BE | | | | | | | |
| A 12175301 PROCESSED AND REIMBURSEMENTS WILL BE DELAYED. | | | | | | | |
| Check One: Pro | oduct Warranty | Extended | - | rranty Special Lab | or Allowance | | |
| 1 MONTH | DAY YEAR | 3 | SERVICE CONTRACTOR | | | | |
| DATE INSTALLED | | ADDRES | 5S | | | | |
| DATE OF SERVICE | | CITY | STATE | | ZIP | | |
| 2 MODEL NUMBER | 1 , | GOODO | CARE/ASURE | | | | |
| | | 4 | CUSTOMER | · · · | | | |
| SERIAL NUMBER | | ADDRES | 38 | | | | |
| | | CITY | | STATE | ZIP | | |
| (OUTDOOR) MODEL NUMBER | | AREA CODE | PHONE NU | MBER | | | |
| | | | | | | | |
| (OUTDOOR) SERIAL NUMBER | | | PROJECT CODE / SPECIAL | **COMPONENT CAUSE CODES | | | |
| | | | AUTHORIZATION NO. | COMPONENT | CAUSE | | |
| 5 DISTRIBUTOR/BRANCH NAME | | | | | | | |
| NUMBER | | | | | | | |
| 7 PARTS AND MATERIALS | | | | | | | |
| FAILED PART NO. | | CEMENT | DES | CRIPTION | QTY. CREDIT/ | | |
| PART NUMBER | | | | | REPLACE | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| COMPRESSOR / MOTOR FAILED | | | NEW | | | | |
| REASON FOR | | | SERIAL SERVICE PERFORMED | | | | |
| O FAILURE | | | PERFORMED | | | | |
| | | | | | | | |
| | | | | | | | |
| L | | | 1 | | | | |
| 10 EXTENDED SERVICE | | | EXPIRATION | | | | |
| 10 CONTRACT NO. 11 PARTS SOURCE | | | DATE 12 | SPECIAL LABO | DR ALLOWANCE | | |

| SOURCE | 1Z SPECIAL LABOR ALLOWANCE | | | | |
|---------------------|--|-------------------------|------|--|--|
| * PARTS PURCHASE | | CREDIT/CHECK AMOUNT | | | |
| INVOICE NO. | CREBINGIE CRAMOORT | | | | |
| CREDIT MEMO | | UNIT REPLACEMENT AMOUNT | | | |
| PRF/DEBIT | | MILEAGE/CARTAGE | | | |
| NO. | MILEAGE/GANTAGE | | | | |
| 13 Factory Use Only | I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED. | | | | |
| | 14 SERVICE TECHNICIAN SIGNATURE X | | DATE | | |
| | 15 DISTRIBUTOR/BRANCH SIGNATURE X | | DATE | | |
| | SIGNATUREA | | | | |

* SERVICERS MU ST PROVIDE COPY OF PARTS INVOICE

** SEE REVERSE FOR COMPONENT/CAUSE CODES

7841

WARRANTY CLAIM FORM

PLEASE SUBMIT CLAIM INTO WARRANTY EXPRESS ELECTRONICALLY OR SUBMIT CLAIM FORM TO YOUR LOCAL DISTRIBUTOR.

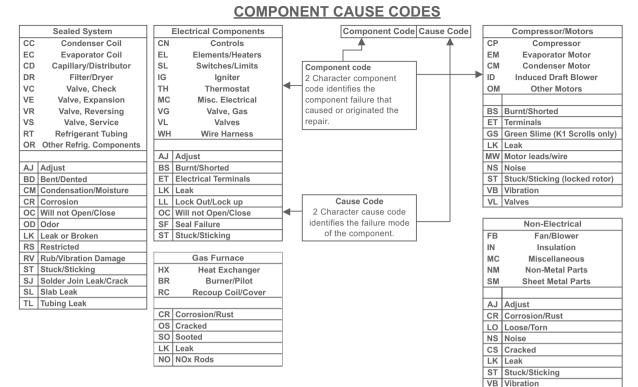
| | | | | F | Press Firmly, | Bear Down | | | | |
|-------------------------|--------------------|------------|----------|--------------------------|-----------------------|-------------------------|-----------|--------------|--------------|--------------------|
| IMPORT | ΔΝΤΙΙ | INFOF | RMATIC | ON REQI | JIRED IN | SECTIONS | 1 THROU | GH 9 MUS | ST BE FILL | ED OUT |
| | | | | | | RATELY. II | | | | |
| A 1217 | 5301 | | PF | OCESSI | ED AND F | REIMBURSE | EMENTS V | VILL BE DE | ELAYED. | |
| Check One: | Pro | duct Warra | anty | Extended | d Warranty | Part Wa | rranty | Special Labo | or Allowance | |
| 1 | MONTH | DAY | YEAR | 3 | SERVICE CONTRACTOR | | | | | |
| DATE INSTALLED | | | | ADDRE | SS | | | | | |
| DATE OF SERVICE | | | | CITY | | STATE | | | ZIP | |
| 2 MODEL NUMBE | ER | | | GOOD NUMB | CARE/ASURE | | | | | |
| | | | | 4 | CUSTOMER | I | | | | |
| SERIAL NUMBER | | I | | ADDRE | | | | | | |
| | | | | CITY | | | STATE | | ZIP | |
| (OUTDOOR) MODEL NU | MBER | | | AREA CODE | | PHONE NU | MBER | | | |
| | | | | CODE | | | | | | |
| | | | 6 | 6 PROJECT CODE / SPECIAL | | **COMPONENT CAUSE CODES | | | | |
| | | | | AUTHORIZATION NO. | | | COMPONENT | | CAUSE | |
| | BRANCH | | | | | | | | | |
| NUMBER | | | | | | | | | | |
| | | | | | | | | | | |
| PARTS AND MA | ATERIALS | 1 | REPLACEM | | | | | | | 005017/ |
| FAILED PAR | T NO. | | PART NUM | | DESCRIPTION | | | | QTY. | CREDIT/ REPLACE |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| COMPRESSOR / MOTOF | R FAILED SERIAL | | | | NE SE | W RIAL | | | | |
| 8 REASON FOR FAILURE | · | | | | | RVICE RFORMED | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | , |
| 10 EXTENDED SE | | | | | EX | PIRATION | | | | |
| 11 PARTS | | | | | DA | 12 | | SPECIAL LABO | RALLOWANCE | |

| SOURCE | | | | |
|---------------------|--------------------------------------|---|------|--|
| * PARTS PURCHASE | | CREDIT/CHECK AMOUNT | | |
| INVOICE NO. | | CREDIT/CHECK AMOUNT | | |
| CREDIT MEMO | | UNIT REPLACEMENT AMOUNT | | |
| PRF/DEBIT NO. | | MILEAGE/CARTAGE | | |
| 13 Factory Use Only | I HEREBY CER | RTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED. | | |
| | 14 SERVICE TECHNICIAN SIGNATURE X | | DATE | |
| | 15 DISTRIBUTOR/BRANCH SIGNATURE X | | DATE | |
| | _ | | | |

* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE



7841



Procedures for Completing Warranty Claim Form

1 Sections 1 through 9 must be filled out completely and accurately to prevent claim rejection and processing delays.

2 Warranty Type Check Boxes

a. <u>Product Warranty</u>; this refers to any item (part or Labor) covered under the terms of the stated product warranty as stated in the warranty certificate shipped with the product. Labor only included on certain models.

b. Extended Warranty; if the product is covered by a Goodman extended service policy (Asure or Goodcare) check the box and enter the contract number and expiration date in section 10.

c. <u>Part Warranty</u>; replacement parts purchased by the customer for product no longer covered by the standard product warranty are covered by a 1 year replacement part warranty. Check this box if replacement part is within the 1 year part warranty. <u>Must provide customer proof of purchase</u>.

d. <u>Special Labor Allowance</u>; Check this box for any labor request that does not fall under the normal product warranty or extended service policy as described above. Includes DOA, concessions and special programs offered via Service Bulletins. Subject to policies outlined in Distributor Service Policy book.

- 3 Section 2. Model & Serial Number; additional space has been provided for a second Model & Serial number. If servicing an indoor coil or blower cabinet, please list the model & serial of the outdoor unit in the space provided. This is necessary as some coil warranties are dependent upon the outdoor unit match.
- 4 <u>Section 6</u>, <u>Project Code/Special Authorization</u>; if the repair is covered under a Project Code list the project number in the space provided. Special projects and project codes are provided via service bulletins. In some cases a special authorization may be provided by the factory authorizing repairs outside of standard warranty. If provided with a Special Authorization number it is important to list this authorization number in the space provided, the concession number provides warranty administration with the necessary information to properly process the claim.
- 5 Section 6, Component/Cause Codes; using the claim coding table on the back of this claim form select the Component & Cause Codes that best describes the root cause of this repair. Enter the two two character codes in the fields provided.
- 6 Section 7, Parts & Materials; the refrigerant drier must be replaced and the part number listed on all sealed system claims where the system is opened to the atmosphere or refrigerant system parts are replaced. Failure to replace the filter drier will result in rejection of any applicable labor reimbursement.
- 7 Section 10, Extended Service Contract No & Expiration Date; if the product is covered by an Asure or Goodcare extended service policy, servicer must list the contract number and expiration date in the fields provided.
- 8 Section 11, Parts Source, Parts Purchase Invoice Number, PRF/Debit Memo Number; list the parts source and invoice number from which the parts were purchased. For customers who file part claims directly with the factory you are required to provide a copy of your parts invoice as proof of purchase (not required for distributors). Distributors, to help in keeping your claim batches together we recommend you list the PRF or Debit Memo number in the space provided.
- 9 Section 12, Special Labor Allowance; distributor, if you are requesting a labor allowance or DOA enter the amount requested (per published DOA guidelines) in the Check/Credit Amount field (requires distributor signature). If replacing a unit, enter the unit amount in the unit Replacement Amount field and enter the replacement Model & Serial numbers in section 7. Amana unit credits will be issued at the distributors cost for the replacement unit. Some products with full warranties provide for a cartage allowance, if applicable enter the cartage allowance in the space provided.
- 10 Section 13, Factory Use Only; branch of regional service manager use this space to provide authorization and instructions for processing claims outside of standard warranty policy.